Foster Family Home - Corrective Action Report

Provider ID:

1-587850

Home Name:

Thelma Pagtama, CNA

Review ID:

1-587850-6

94-446 Alapine Street

Reviewer:

Jackie Chamberlain

Waipahu

HI 96797

Begin Date:

6/23/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home inspection made for a 3 bed recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Compliance Manager

Primary Care Giver

D-4-

6/23/2020

Date

6/23/2020